The examination of the affected limb, which was the only portion of the body that could be examined, showed the following condition :—

"The superficial femoral artery having been exposed, it was traced to its termination in the common femoral, and this was dissected to its termination in the remains of the sac of the aneurism. All the coats of the artery were here seen to become suddenly dilated, and after the course of a few inches to terminate in an irregular and fimbriated margin. The greater part of the walls of the aneurismal cavity was formed by the surrounding structures, a complete separation having taken place between the upper and lower part of the artery. In the situation of the aneurism, when first observed, was a very firm coagulum of fibrin, of an oval form. This formed a sac complete in every part, with the exception of its two extremities, which lay in the direction of the natural course of the artery.

"The left iliac fossa contained a large cavity filled with coagulated blood which extended nearly as high as the umbilicus. The body of the pubes, and the femur for several inches below its lesser trochanter, presented a rough, irregular surface, from which small particles of bone could be detached with the nail. All the parts thus affected were in contact with the blood effused from the sac of the aneurism.

"The superficial femoral artery was found to contain portions of decolorized fibrin, which had evidently passed into it from above. A piece of this artery was removed, and although not presenting any marks of disease to the naked eye, it was torn across by very moderate extension made with the fingers."

The complete separation that existed in this case between the upper and lower portions of the artery which formed the aneurism, makes the subject of the kind of treatment suitable to the case a very important point for consideration, but we see nothing to remark upon in what is here said.

XXIV. *Report of the Committee appointed by the Royal Medical and Chirurgical Society to investigate the subject of Suspended Animation.*—A summary of this valuable report is published in the number of this Journal for October, 1862. W. F. A.

ART. XVI.—*Clinical Medicine. Observations Recorded at the Bedside, with Commentaries.* By W. T. GAIRDNER, Physician to the Royal Infirmary of Edinburgh, and Lecturer on the Practice of Medicine. Edinburgh : Edmonson & Douglas, 1862. 8vo. pp. 741.

THIS work claims at the hands of the reviewer a larger space than we can at present accord to it. The author's previous contributions to medical literature have secured for him the reputation of an earnest worker in the study of disease, a close and careful observer, a proficient in physical diagnosis, an acute reasoner, and a truth-seeker. At the present moment, indeed, among those who are devoted to clinical medicine, few, if any, hold a higher place in the estimation of medical readers on this side of the Atlantic than Dr. Gairdner. They are fully prepared to receive with satisfaction a work from his pen with the above title. We should be glad to give the work an extended analytical reviewal. We should render a service by so doing to the readers of this Journal; but the service will perhaps not be less if our brief notice may lead some to read the work who would be satisfied with a more comprehensive examination of it by the reviewer.

The work is made up of various clinical lectures, together with a variety

of papers communicated at different times to medical societies. Several of the latter have already been published in medical journals. The work is fragmentary, that is, the diverse subjects treated of have no special connection with each other; all, however, are subjects of interest and practical importance. We must content ourselves with an enumeration of them, and a few annotations with reference to each.

1. Retrospect of Cases treated during the Session 1855–'56.

The author devotes a lecture to a summary of facts pertaining to the histories and treatment of the fatal cases which had been under observation in the Edinburgh Royal Infirmary. The lecture will be read with interest by those connected with large hospitals, either as students or practitioners.

2. Remarks on the Treatment of Pneumonia, and especially on the Treatment by Bloodletting.

Although there are reasons why pneumonia should not be considered as in all respects the representative of acute inflammations generally, the profession seem to have agreed to regard it in this light. As so regarded, two important questions are at this moment matters of controversy. One of these questions is, has the type of the disease changed so that the appropriate plan of treatment now called for differs from that which was formerly efficacious? The other question pertains to the propriety of bloodletting; is it ever called for, and if so, under what circumstances? With regard to the former of these questions, Dr. Gairdner considers it to be a question of observation, and he accepts the statements of his seniors who have been able fairly to compare the disease at different remote periods. As regards the second question, he thinks that while, as a rule, the modern comparative disuse of bloodletting is well founded, it may be required in exceptional cases. The *criterion* of such cases, in his view, will be the urgency of the fever, pain, and dyspnœa, and the general strength and condition of the patient, not the pathological condition of the lung, as ascertained by physical diagnosis.

3. Five Years' Hospital Experience of Pneumonia.

The aggregate number of cases treated during these five years is stated to be from 60 to 100. During this period, out of ten or eleven fatal cases of inflammatory affections of the lungs, only *one* was fairly a death from idiopathic or uncomplicated pneumonia. This result is regarded as showing the very slight tendency of pneumonia *per se* to a fatal result; in other words, death is owing almost invariably to the coexistence of other affections, either antecedent or concomitant. The author states that he has adopted no routine method of treatment in pneumonia. He believes that "what is to be treated is not so much the *pneumonia* as the *individual patient*." He attaches more value to antimony than to any other remedy. Many cases were treated with only the common cough mixtures. He gives opium as a palliative. Mercury he employs very little. Stimulants were used freely when the vital powers seemed in danger of failing. Food was neither withheld nor pressed.

4. On the Use of Alcoholic Stimulants in Hospital Medical Practice.

This lecture is designed to suggest certain inquiries respecting the use of alcoholics in hospital practice. Has it not become a custom, of late years, to direct spirits, wine, and malt liquors to hospital patients too indiscriminately? and is not such a custom productive of harm, if not physically, in a moral point of view, by conducing to intemperate habits? We fear there is occasion for these inquiries in the hospitals of this country as well as in Europe. Dr. Gairdner regards alcoholic stimulants as *medicines*, not

as *food* after the view of Dr. Todd. The latter view, doubtless, leads to their freer use than if they are employed purely for a remedial object. Dr. G. recommends that monthly returns should be made of the amount of alcoholic liquors supplied in each ward, and an average of the amount given daily to each patient. "By such averages," he remarks, "physicians would be invariably guided to the truth; and the results of various practice would, when carefully compared, supply data hitherto wanting for the settlement of a great many scientific questions connected with alcoholic stimulants."

5. The Duty of the Physician with respect to Alcoholic Stimulants.

Under this head is introduced a review of Professor Miller's volume on "Alcohol; its Place and Power." Dr. Gairdner's views seem to us to be eminently judicious, avoiding, on the one hand, fanaticism on the subject of temperance, and, on the other hand, recognizing fully the grave responsibilities of the physician in connection with this subject. He quotes the remarks of James Jackson on the subject in his "Letters to a Young Physician," as embodying fully his own views.

6. Influenza.

In two lectures on this subject he gives the facts of an epidemic which had recently occurred. We believe the author to be correct in regarding the disease as essentially a fever, of which the catarrh is the local expression. He cites the statistics contained in the Registrar General's Report of the Mortality in London, as showing a considerable increase of the death-rate in consequence of the effect of the epidemic influence on different diseases.

7. Distinctions of Typhus and Enteric (Typhoid) Fevers.

Over one hundred pages of the volume are occupied with typhus and typhoid fevers, including some remarks on scarlatina. Dr. Gairdner prefers Prof. Wood's title, enteric, to typhoid fever. He adopts the doctrine of the non-identity of this fever and typhus. Most of our readers, doubtless, will agree with him in this opinion, albeit the identity of these fevers is maintained by such high authorities as Stokes, Magnus Huss, and others. He gives some facts which go to show the origin of the two fevers from two distinct poisons. He suggests the propriety of separating typhus and typhoid cases in hospitals, in order to secure the latter from the infectious miasm derived from the former. He is of opinion that typhus has within the last few years undergone a modification in its severity, being less fatal than formerly, and also that some of its type features have changed. We must pass by this very interesting portion of the work with these few notes, commending it to the careful perusal of the reader.

8. Pathology and Treatment of Cholera.

The author gives concisely the morbid appearances found on the examination of eighty-nine fatal cases in the epidemic of 1849. The examinations were made in the theatre of the Royal Infirmary by Dr. G. in the course of his duties as pathologist to that institution. His general conclusions as to the treatment are contained in the following extract:—

"We are most firmly persuaded that cholera, like all other diseases dependent on a specific poison, has a spontaneous tendency to cure after the virus has exhausted itself; and that the treatment will be most efficiently and successfully accomplished by discarding, in the majority of cases, heroic remedies, by following out the indications afforded by the feelings and desires of the patient, and, as Cullen said, by attending to those conditions and means calculated to 'obviate the tendency to death.' Now, all that we yet know of the pathology of this disease tends to ascribe the fatal result in the collapse to a slow asphyxia induced by the imperfect fluidity of the blood. We would, therefore, endeavour

by every means to supply fluid to the blood through the intestines, the skin, the lungs, or at least to prevent, in as far as possible, the fluids of the body from being thrown off by those channels."

9. Syphilis.

After a brief but clear account of the secondary and tertiary symptoms, this lecture is occupied with an account of several cases which had previously been made the subject of bedside remarks.

10. Hysteria; Delirium Tremens; Dipsomania.

Delirium tremens is regarded as a spontaneously curable disorder, but is to be treated by remedies given in strict subordination to good nursing and carefully adjusted diet and regimen. Opium, chloroform, and alcoholic stimulants are useful if judiciously adapted to the indications in different individual cases. In connection with dipsomania the author offers some highly judicious remarks on what may be called moral imbecility. Here is a subject of great difficulty, but not less important than difficult in its medico-legal relations.

11. Pleuritic Effusion; Diagnosis and Prognosis; Question of Thoracentesis.

This subject occupies nearly a hundred pages. The points involved in the diagnosis are considered in connection with several cases which offered unusual features. In respect of the prognosis of acute pleurisy, the author's experience is quite opposed to a statement contained in another recent work.[1]

Dr. G. states that, during eleven years of hospital practice, he has met with only two cases of fatal acute pleuritic effusion. The inference is, that thoracentesis is very rarely called for as a measure to save life. May it not be advisable, however, both in acute and chronic pleurisy, in cases in which the amount of effusion is not sufficient to place life in danger? The author is inclined to the affirmation to this inquiry, since he has become acquainted with the facts contributed by Dr. Bowditch, of Boston, and the means employed by Dr. B. to withdraw the liquid without the introduction of air.

12. Pneumothorax.

A case is given in which pneumothorax from perforation ended in recovery. Dr. Gairdner asserts that in at least six or seven cases he has witnessed phenomena denoting cured pneumothorax. The general impression, as we suppose, is that this affection is incurable, and this is certainly the rule. We here met with an instance in which all the characteristic physical phenomena were unmistakable, and the recovery was complete. In that instance the perforation was supposed to be non-tubercular. But, if not cured, pneumothorax may continue indefinitely and the health of the patient apparently be perfect. We communicated not long since to the New York Pathological Society a remarkable instance of this kind. In this case the perforation proceeded from tubercle, but the latter affection was arrested, and the patient was cut off by an attack of pneumonia. The pneumothorax was not suspected until the attack of pneumonia, but, from the appearances after death, the former affection must have existed for a long period. The cure is effected by means of the pleurisy, the perforation becoming sealed up by the pleuritic adhesions. Pleurisy is thus both protected against perforation and a means of cure when perforation occurs.

13. Phthisis Pulmonalis; Empyema and Pneumothorax; Hydatid Tumour of Lung; Emphysema of Lungs; Remarks chiefly on Physical Diagnosis.

[1] Renewal of Life. By Dr. Chambers. Reviewed in this number.

These subjects occupy nearly fifty pages. They are illustrated by cases which are interesting and instructive. With respect to emphysema the reader will be disappointed in not finding an exposition of Dr. Gairdner's views of the mechanism of this lesion. We regret this deficiency the more because, with the exception of a review in the *British and Foreign Medico-Chirurgical Review*, number for April, 1853, his writings on this subject have not been republished in this country, and are, therefore, not so well known as we could desire. The chief point of interest which is considered in this volume is the reality of the auscultatory sign described by Laennec as pathognomonic of emphysema, viz., the *râle sec à grosses bulles*. This sign has been ignored by modern auscultators. Dr. Gairdner thinks there is such a sign, and that Dr. Laennec's description is correct. We must confess that the proof is not to our mind altogether clear.

14. Aneurism.

To this subject over a hundred pages are devoted. It is by no means the least valuable part of the book; for those especially who are interested in the physical diagnosis these pages will only repay a careful perusal. The conclusions drawn from the study of the cases which are presented are as follows:—

"1st. That aneurism, when accompanied by well-marked angina pectoris, is probably situate in the ascending portion of the arch, and near the cardiac plexus of nerves. The natural course of such aneurisms is to burst into the pericardium, or to compress, perhaps open into, the auricles or the pulmonary artery, causing, in many cases, cyanosis and sudden death."

"2d. That internal aneurism, when attended by laryngeal symptoms, is likely to be so placed as to involve the right or the left recurrent nerve, *i. e.*, either in the innominate artery, or on the posterior and inferior aspect of the arch; in either of which situations, but especially in the latter, an aneurism may cause death by laryngeal suffocation before it is large enough to be readily detected by physical diagnosis."

Tracheotomy, under these circumstances, may prolong life, and is warrantable.

"3d. That aneurism, characterized chiefly by bronchial asthma and orthopnœa, is probably situate in the commencement of the descending portion of the arch, or, at all events, so as to compress the pulmonary plexus of nerves; and that its consequences may be looked for in the obstruction of one or both bronchia, at first with the symptoms and physical signs of asthmatic bronchitis, and afterwards of pneumonia or pleurisy."

"5th. That dysphagia indicates pressure either on the œsophagus, or on the pneumogastric nerve, and a corresponding situation of the tumour."

"6th. That all aneurisms coming within the range of physical diagnosis, and not attended by any of these symptoms, must necessarily arise either from the descending aorta, below the range of the pulmonary plexus, or from the upper part of the arch, projecting upwards and forwards; as it is in these situations alone that a thoracic aneurism can attain sufficient bulk to be discoverable, without involving important internal structures, and leading to very marked functional disturbance."

Dr. G. bears testimony to irregularity of the pupils as one of the signs of an aneurismal tumour pressing on the sympathetic nerve.

15. Cardiac Murmurs.

The sixty-six pages occupied with this subject form a very valuable portion of the work. The inadequateness of murmurs alone as signs of grave lesions is enforced and exemplified by a series of cases. The distinctive characters of the aortic and mitral murmurs are clearly described and made still clearer by means of diagrams; so also of pulmonic and tricuspid mur-

murs. The latter (*i. e.* tricuspid), Dr. G. thinks, are much more frequent than is generally supposed; they are not infrequently confounded with mitral murmurs. We commend this portion of the work to those engaged in the delightful study of cardiac auscultation.

16. Retrospect of 200 Cases under Treatment in the Royal Infirmary, during the Winter Session 1859–'60.

This, with a concluding lecture on the "Study of Clinical Medicine," occupies the last eighty pages of the work.

We repeat that, had time and space permitted, we should gladly have engaged in an extended analytical review of this work. We consider it to be a very valuable contribution to the literature of practical medicine. The cases which are given were recorded either by the author or under his dictation; and we agree with him entirely in the opinion that this is necessary, in order that the clinical teacher may become thoroughly conversant with the cases which he undertakes to study for the benefit of his pupils as well as for his own improvement. It seems to be a common impression that any young physician or an advanced student is, at once, as a matter of course, competent to record cases; but the truth is, it is an art to be acquired by practice, requiring not only a certain amount of knowledge, but an aptitude for observation and description which is to be corrected and improved by discipline, and which some can never acquire. To exercise the senses intelligently and accurately, to observe and reason without preconviction or bias, to describe literally and truthfully—these are accomplishments by no means so general or so easily acquired as many seem to suppose. As evidence of this, how few of the many contributions to clinical medicine command or deserve entire confidence!

Of Dr. Gairdner as a clinical teacher we have already spoken. We have in this volume his bedside teachings, divested, it is true, of the interest and force derived from witnessing the cases and listening to his voice, but, as some compensation for this loss, perhaps expressed with more precision than is to be expected in an oral discourse. As an American, it is refreshing to find in the volume frequent references to his co-labourers on this side of the Atlantic. The names of Jackson, Ware, Bowditch, and others, are repeatedly mentioned. Aside from the practical information which the volume contains, its tone is well suited to promote, in the minds of those entering upon clinical study, the spirit of a true philosophy.

A. F.

ART. XVII.—*A System of Surgery, Theoretical and Practical, in Treatises by various Authors.* Edited by T. HOLMES, M. A., Cantab., &c. &c. In four vols. Vol. III. London, Parker Son and Brown. 1862. 8vo. pp. 916.

THE third volume of this authoritative publication has been for some months upon our table, having made its appearance in excellent time for an enterprise of its peculiar character, and considering the number and occupation of the parties engaged upon it. They and their industrious editor have done so well in their progress that we may look forward with confidence to an early fulfilment of the promise of the preface in the appearance of the